

Iowa Department of Human Services
Medical Assistance Advisory Council (MAAC)
Action Items from the Executive Committee Meeting of April 17, 2017

OUTSTANDING ACTION ITEMS				
Date Added	Action Item	Item Category (Process, Systemic, Legislative)	Who is Responsible for Follow-Up	Status (Outstanding / Complete / In Process / To Be Scheduled)
11/4/2016	Update on the new CMS managed care rules and whether changes are necessary to be in compliance.		Medicaid Director	1/19/17: Discussions regarding different section updates are to be scattered amongst future EC meetings. 3/14/17: Matt Highland presented on the communications standardization of managed care regulations in Executive Committee meeting. To hold future discussion on changes.
2/23/2017	To have presentations regarding Integrated Health Homes and the Health Homes project. UPDATE on March 14, 2017: Deb Johnson and Joyce Vance are to be invited to a future Executive Committee meeting to continue the discussion on Chronic and Integrated Health Homes		Medicaid Director	3/14/17: Presentations took place in the March 14, 2017 Executive Committee meeting. A follow-up presentation will take place at future Executive Committee meeting.
2/23/2017	To have presentation on the coordination between Medicaid and Medicare for dual eligible members in the waiver programs		Medicaid Director	3/14/17: To be discussed in the May 2017 Executive Committee meeting. 4/11/17: To be discussed in June 2017 Executive Committee meeting instead of May 2017 Executive Committee meeting.
3/14/2017	Matt Highland and representatives from the three MCOs are to present information regarding mobile applications at a future Executive Committee meeting; after July 2017		Medicaid Director	In Process
3/14/2017	Matt Highland to give an update regarding Communications Standardization for Managed Care Regulations at a future Executive Committee meeting.		Medicaid Director	To Be Scheduled

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4/11/2017	Gather previous quarterly report data regarding the top five reasons for grievances and appeals for comparison to assist in determination if there are systemic trends in the information. The Department is to determine if a quarter by quarter comparison chart regarding this topic should be included in future quarterly reports.		Medicaid Director	Outstanding
4/11/2017	Determine average aggregate cost per member per day for special needs members in ICF/ID.		Medicaid Director	Outstanding
4/11/2017	Examine out-of-state placement for members in facilities to determine the impact on members as well as program. * Border Issues * Medical Conditions * Ages * Other factors leading to out-of-state placement		EC Members and Medicaid Director	Outstanding

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1/19/2017	Public Comment Recommendation: The Department Develop a new methodology to track consistency or prior authorization determinations within each MCO.		Medicaid Director	Pending Director Review
1/19/2017	Public Comment Recommendation: The Department to enforce and communicate to the MCOs the cap after which a PA request is deemed approved (seven days) if a determination has not been made. The MCOs are then to communicate the determination to providers.		Medicaid Director	Pending Director Review
1/19/2017	Public Comment Recommendation: Encourage the MCOs to develop consistent service groups or crosswalk standards for PAs to allow for instances where approval is obtained for a specific service or products. Recommend that each of the MCOs develop an exemption process based on medical necessity.		Medicaid Director	Pending Director Review
1/19/2017	Public Comment Recommendation: Require MCOs to provide a plain language explanation to Iowa Medicaid members and providers for PA denials.		Medicaid Director	Pending Director Review

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5/2/2017

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1/19/2017	Public Comment Recommendation: The Department to determine the differences in credentialing requirements between the MCOs and develop a comparison grid of what additional measures beyond the IME's universal credentialing is required by each MCO.		Medicaid Director	Pending Director Review
1/19/2017	Public Comment Recommendation: Require the MCOs explain the rationale for additional credentialing requirements beyond what is contractually required by the IME.		Medicaid Director	Pending Director Review
1/19/2017	Public Comment Recommendation: Determine the percentage of clean claims payments that are paid on time and accurately based upon the established rate floors to track the accuracy of provider payments.		Medicaid Director	Pending Director Review
1/19/2017	Public Comment Recommendation: Regarding clearinghouse to clearinghouse issues: Request that the MCOs provide data related to the initial denail rates from their clearinghousees and include this data in the Managed Care Quarterly Report.		Medicaid Director	Pending Director Review

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1/19/2017	Public Comment Recommendation: Include the accuracy and consistency of information provided by the MCO Customer Service Representatives to both providers and members in the Managed Care Quarterly Report.		Medicaid Director	Pending Director Review
1/19/2017	Public Comment Recommendation: Include secret shopper results to the Managed Care Quarterly Report.		Medicaid Director	Pending Director Review
1/19/2017	Public Comment Recommendation: Request that the MCOs report information regarding outreach efforts to increase access to care in areas identified in the MCOs' GeoAccess Reports as limited access areas.		Medicaid Director	Pending Director Review
1/19/2017	Public Comment Recommendation: Request that MCOs present on results of outreach efforts in order to determine outstanding issues that the MAAC may be able to address.		Medicaid Director	Pending Director Review
1/19/2017	Public Comment Recommendation: Request summaries of the MCOs' Consumer Advisory Panels and Clinical Advisory Panels. Request that MCOs make a periodic formal presentation to the MAAC regarding the timely data and feedback obtained from their required advisory panels.		Medicaid Director	Pending Director Review

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1/19/2017	Public Comment Recommendation: Encourage the development of a standardized process across the MCOs to create consistent member material to inform members on what services are provided by each MCO, the process for denying services, and what resources will be given to review available services		Medicaid Director	Pending Director Review
1/19/2017	Public Comment Recommendation: Require MCOs to provide a plain language explanation to Iowa Medicaid members on all MCO denials.		Medicaid Director	Pending Director Review
1/19/2017	Public Comment Recommendation: Require that all MCO provider manuals be clearly posted in an easily accessible format and location on the MCOs' websites and available in hardcopy.		Medicaid Director	Pending Director Review
2/23/2017	General Recommendation: Enforce regulation that Managed Care Organizations (MCOs) follow established state Preferred Drug List (PDL), as required within their contracts.		Medicaid Director	Pending Director Review
2/23/2017	General Recommendation: Encourage the MCOs provide data regarding medication denial rates for MAAC Executive Committee to monitor for future recommendations.		Medicaid Director	Pending Director Review

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2/23/2017	General Recommendation: Extend the allotted 30 day nursing facility stay for HCBS waiver recipients to 120 days.		Medicaid Director	Pending Director Review

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5/19/2016	Email Address from FC and EC for connecting with one another		Medicaid Director	Completed- Email addresses determined after 6/21/2016 EC meeting.
5/19/2016	Request opinion from the Attorney General's office as to which body can make recommendations		Chair of MAAC and Medicaid Director and AG	Completed- Addressed in the drafted Administrative Rules handed out in EC meeting on 7/21/2016.
5/19/2016	Utilize the administrative process to clarify role of Co-chair and Vice-chair		Medicaid Director and AG	Completed- Addressed in the drafted Administrative Rules handed out in EC meeting on 7/21/2016.
5/19/2016	Job descriptions		Medicaid Director and AG	Completed- Addressed in the drafted Administrative Rules handed out in EC meeting on 7/21/2016.
5/19/2016	Information on the 834 file and process for the waiver programs		Chair of MAAC	Completed- discussed and completed at 6/21/2016 EC meeting.
5/19/2016	Information from the Ombudsman		Medicaid Director	Completed - Report revied at 6/21/2016 EC meeting. Document available in 6/21/2016 MAAC documents on DHS MAAC webpage.
5/19/2016	Process of member changing MCOs - how member, provider, and MCOs are aware of change and potential updating of member-facing materials		Medicaid Director	Completed - Flow charts reviwed at 6/21/2016 EC meeting.
5/19/2016	Is it possible to make choice period cut-off dates for members changing MCOs		Medicaid Director	Completed - Flow charts reviwed at 6/21/2016 EC meeting.
5/19/2016	Data on how many members are switching MCOs and if possible information as to why		Medicaid Director	Completed - Flow charts reviwed at 6/21/2016 EC meeting.

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5/19/2016	What does ISIS capture, what does IMPA capture, and who has access to it			Completed: ISIS - individualized Services Information System. Its purpose is to support LTC facilities and Waivers programs. Within ISIS, IM Workers, Case Managers, and others involved in establishing individualized service plans have access. It is a web-based system. Both Level of Care and Service Plan workflows are built into the system to step users through these two core processes. ISIS then provides LOC information back to IM Workers to support eligibility determination and sends authorized service plans for FFS members to MMIS that supports claims processing. We have around 1,000 daily ISIS users. IMPA - Iowa Medicaid Portal Application. Our primary user base are Medicaid Providers. Several different role-based functions/business processes are supported within IMPA. Some of the main support items within IMPA include: (a) MCO Look-Up tool. This web based programming uses web services for real-time access to eligibility information, child welfare information, IM Electronic Case File, and IME Services data; (b) Provider Re-Enrollment and certification. The re-enrollment process is supported through structure work-flow/programming to capture all the information necessary from providers to support re-enrollment; and, (c) Remittance Advices - All Medicaid Providers use IMPA to electronically access their remittance advice. There are other sets of functionality and business processes supported as IMPA is a roles-based portal. We currently have about 17,000 registered IMPA users; some use it daily, some weekly or other periodic users.
5/19/2016	A designated email account that can be used for MAAC business		Medicaid Director	Completed- discussed and completed at 6/21/2016 EC meeting.

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6/21/2016	New legislation and MAAC administrative rules to be reviewed by EC workgroup and suggestions to be brought back to Council		EC Workgroup	Completed- Addressed in the drafted Administrative Rules handed out in EC meeting on 7/21/2016.
6/21/2016	How can providers process batch verifications of members' MCO		Medicaid Director	Completed- Addressed and discussed utilizing online verifications through Electronic Data Interchange Support Services (EDISS) in 6/21/2016 EC meeting. Information will be posted to the DHS website.
6/21/2016	Setting up a workgroup consisting of mostly EC members and some FC members to determine roles of the committee and their oversight per legislation. Initial volunteers from the EC include Jim Cushing, Anthony Carroll, Cindy Baddeloo and Shelly Chandler.		EC and FC Workgroup Members	Completed- Information has been updated to the DHS website.
6/21/2016	Review flow charts to see if additional revisions are necessary		Chair of MAAC	Completed- Information has been updated to the DHS website.
7/21/2016	Reformat the Action Items Reporting Grid to clearly show when items have been completed. Suggested to move previously completed items to the end of the grid		Medicaid Director	completed- Reformatted prior to 8/18/2016 EC meeting
5/19/2016	Create a mechanism for consistent reporting from MCOs such topics as claims, call times and reasons for cases that are escalated		Medicaid Director	Completed- Reports created
5/19/2016	Tracking and dashboard moving forward		Medicaid Director	Completed
5/19/2016	Prior Authorizations		Medicaid Director	Completed- Copies of Prior Authorization grid handed out at 8/18/2016 meeting and posted to the DHS web page
7/21/2016	Post the copy of the tracked- drafted version of the Administrative Rules on the MAAC web page.		Medicaid Director	Completed- posted to the DHS web page

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7/21/2016	Executive Committee to call a special meeting by phone to discuss legislation regarding five professional positions and five public/consumer positions of the MAAC Executive Committee. Meeting is to take place prior to August Full Council meeting.		EC Members and Medicaid Director	Completed- Held on 8/5/2016
7/21/2016	Executive Committee members to review details of the new Administrative Rules and provide feedback to discuss at the special meeting to be held prior to August Full Council meeting. Recommendations to be presented at the Full Council meeting on 8/17/2016.		EC Members	Completed
8/18/2016	Follow up on Electronic Visit Verification (EVV) systems		Cindy Baddeloo	Completed - Informational Letter No. 1718-MC released on 9/14/2016 and discussed in EC meeting on 9/28/2016; IL in meeting materials.
8/18/2016	Outstanding Status of the Public Comment Summary		Anthony Carroll	Completed - To be discussed in EC meeting on 9/28/2016.
8/18/2016	Additional Items to add to the Oversight Committee presentation		Gerd Clabaugh	Completed
5/19/2016	Listening sessions - how to address concerns raised in sessions in both FC and EC meetings		Chair of MAAC and Medicaid Director	Completed - Summaries of listening sessions to be reviewed at the FC meeting on 11/21/2016 and suggestions will be made by members to EC. Upon final review of suggestions by the EC, final suggestions to be made to the Department.
7/21/2016	Develop a workgroup comprised of Executive Committee and Full Council members to review the role of the Committee and their oversight in analyzing data.		EC Members and FC Members	Completed - Report Review Workgroup to be discussed at 11/21/2016 FC meeting and first meeting to take place on 11/29/2016.

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6/21/2016	Clarification whether each MCO will have their own Electronic Visit Verification (EVV) process, the standards of each MCO's EVV, and variations among each.		Medicaid Director	Completed - Informational Letter 1739-MC released on 11/1/2016 regarding EVV.
7/21/2016	Report on deliberations of prior year need to be submitted by November 15, 2016.		Chair of MAAC and Medicaid Director	Completed - Executive Committee reviewed at 11/4/2016 Committee meeting
9/28/2016	Determine Executive Committee members to attend Public Comment meetings		EC members	Completed
11/4/2016	2017 IA Helath Link Public Comment meetings calendar		Medicaid Director	Completed - Distributed at 11/21/2016 Full Council meeting
11/4/2016	Provide information on status of individuals who are institutionalized in a hospital or facility for beyond 30 days and had been on waiver services although when transitioning out of institution to lose their waiver services.		Medicaid Director	Completed - 1/19/2017:HCBS Recommendations Workgroup created for members who transition out of an instituion beyond the allotted 30 days.
11/4/2016	One-pager as preamble to Administrative Rules outlining changes that have been made to the document and submitted to the DHS Council		Medicaid Director	Completed - In rules process.
11/4/2016	Calendar to be developed regarding when reports are to be due and process timeline for when data is to be reviewed and recommendations made. Information to be added to the workplan.		Medicaid Director	Completed - To be handed out at 1/19/17 EC meeting.
5/19/2016	One pager regarding the role of MAAC that members can use with the organizations in which they are representing and stakeholders		Medicaid Director	Completed - Sent via email to EC members on 1/23/17.

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11/4/2016	Request that the Attorney General's office attend a future meeting for orientation and the expectations for the EC members in addition to governance training and new sunshine advisory.		Medicaid Director	Completed - Attended February 14, 2017, Full Council meeting.
2/23/2017	Update on the new CMS managed care rules and whether changes are necessary to be in compliance. UPDATE on February 23, 2017: Matt Highland to present information and progress on new standardization of member content and format in publications at the March 14, 2017, Executive Committee meeting. Within presentation, Matt will also discuss how standardization will impact the grievance and appeals process.		Medicaid Director	Completed - Matt Highland presented on the communications standardization of managed care regulations in March 14, 2017 Executive Committee meeting.
1/19/2017	Explanation and definition of plain language standards		Medicaid Director	Completed - Discussed in March 14, 2017 Executive Committee meeting.
2/14/2017	Executive Committee to meet with Iowa Medicaid Communications Specialist to discuss reconfiguration of the Iowa Medicaid website for ease of navigation for members/consumers.		Medicaid Director	Completed - Discussed in March 14, 2017 Executive Committee meeting.
2/14/2017	Request that the MCOs assist in advertisement of the IA Health Link Public Comment meetings		Medicaid Director	Completed - Confirmed by the State at March 14, 2017 Executive Committee meeting that MCOs were assisting by way of newsletters, the clinical advisory and the community advisory committees.